2001/003

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Atty Docket No. 016873-000400US

PTO FAX NO.: 1-571-273-8300

ATTENTION:

Examiner VOGEL, Nancy S.

Group Art Unit 1636

OFFICIAL COMMUNICATION FOR THE PERSONAL ATTENTION OF **EXAMINER VOGEL, Nancy S.**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of KINCAID et al., Application No. 10/677,641, filed October 1, 2003 for PROTEIN EXPRESSION BY CODON HARMONIZATION AND TRANSLATIONAL ATTENUATION are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

PTO/SB/22 - Petition for Extension (1 page submitted in duplicate) 1.

Number of pages being transmitted, including this page: 3

Dated: 7/21/06

PLEASE CONFIRM RECEIPT OF THIS PAPER BY RETURN FACSIMILE AT (415) 576-0300

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Fax: 415-576-0300

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PTO/SB/22 (12-04)

PETITION FOR EXTENSION OF TIME UNDER	ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		nal) 016873-000400US	
FY 2005	2008 AJ D. 4040) \			
(Fees pursuant to the Consolidated Appropriations Act. 2 Application Number 10/677,641	2005 (H.R. 4618).)	Filed October 1, 20	003	
For PROTEIN EXPRESSION BY CODON HARMON TRANSLATIONAL ATTENUATION	IZATION AND	,		
Art Unit 1636		Examiner VOGEL,	Nancy S.	
This is a request under the provisions of 37 CFR 1.13 application.	6(a) to extend the per	iod for filing a reply in	the above identified	
The requested extension and fee are as follows (chec	k time period desired	and enter the appropr	iate fee below):	
	<u>Fee</u>	Small Entity Fee		
One month (37 CFR 1.17(a)(1))	\$120	. \$60	\$	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 225	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims small entity status. See 37 CF	R 1 27			
A check in the amount of the fee is enclosed.				
— · · · · · · · · · · · · · · · · · · ·				
Payment by credit card. Form PTO-2038 is atta				
The Director has already been authorized to ch	arge fees in this appli	cation to a Deposit Ac	count.	
The Director Is hereby authorized to charge any Deposit Account Number 20-1430		equired, or credit any losed a duplicate cop		
WARNING: Information on this form may become put Provide credit card information and authorization on	blic. Credit card Informs	•	•	
Provide Credit Card Billoringson and additionation on	F10-2030.			
I am the applicant/inventor.				
assignee of record of the entire	e interest. See 37 CF	R 3.71.		
Statement under 37 CFR	3.73(b) is enclosed (F	orm PTO/SB/96).		
attorney or agent of record. R	egistration Number _	54,111		
attomey or agent under 37 CF Registration number if acting of				
Occ	3-0	7.00	4100	
Signature	Signature		7/21/06 Date	
Chuan Gao, Reg. No. 54,111		415 57	76-0200	
Typed or printed name			TellYim05@20049 201430	
NOTE: Signatures of all the inventors or assignees of record of the en one signature is required, see below.	ntire interest or their represe	A) FC 2252 ntative(s) are required. Sub	mit multiple forms if more than	
Total of 2 forms are	submitted.		•	

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